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Complete if Known Substitute for form 1449/PTO TBA **Application Number** Filing Date May 2, 2006 INFORMATION DISCLOSURE First Named Inventor Paula Fernström STATEMENT BY APPLICANT Art Unit **TBA Examiner Name TBA** (Use as many sheets as necessary) **Attorney Docket Number** 1103326-0740 of Sheet

	T		PATENT DOCU	VIENIS		
Examiner Initials	Cite No.1	Document Number Number-Kind Code ^{2 (if known)}	Publication Date MM-DD-YYYY	Name of Patentee Applicant of Cited Document	Pages, Columns, Lines, Wi Relevant Passages/Figures A	
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Initials	No.1	Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages Or Relevan Figures Appear	T ⁶
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